Craig Allen White
c/o [redacted]
[redacted] California [redacted]

Department of the Treasury
Internal Revenue Service
Kansas City, Missouri 64999-0002

June 25, 2025

Subject: Notice of Non-Decedent, Living, and Age of Majority Status

Dear Sir or Madam,

I, the living man known as **Craig-Allen: White**, submit this notice to affirm my living status, lawful standing, and age of majority. This notice rebuts any presumption that I am a decedent, absent, missing, or lost at sea under the **Cestui Que Vie Act of 1666** or any other statute or policy.

I am the original beneficiary and principal of the constructive estate or trust formed under the legal entity styled as **CRAIG ALLEN WHITE** (Identifying Number: [redacted], and I hereby claim my full rights, authority, and standing in that capacity.

The **IRS Internal Revenue Manual 21.7.13.3.2.2(2)** provides:
"An infant is the decedent of an estate or the grantor, owner or trustor of a trust, guardianship, receivership, or custodianship that has yet to receive a Social Security Number."

I affirm that I have not been an infant, minor, or ward for over four decades. I lawfully attained the age of majority on [redacted] **1983**, in **Ohio**, and have been of full lawful age since that date. My current domicile is **California**, which also defines the age of majority as 18 years of age or older. Relevant statutes are provided below:

Ohio Revised Code § 3109.01:
"All persons of the age of eighteen years or more, who are under no legal disability, are of full age for all purposes."

California Family Code § 6500:
"A minor is an individual who is under 18 years of age. The period of minority is calculated from the first minute of the day on which the individual is born to the same minute of the corresponding day completing the period of minority."

California Family Code § 6501:
"An adult is an individual who is 18 years of age or older."

Since that time, I have been of full lawful age and competent to manage my own affairs.

I hereby formally request:

1. That your records be updated to reflect my non-decedent, living, age of majority status in relation to the legal entity styled as **CRAIG ALLEN WHITE**.
2. That any and all presumptions of decedent, missing, lost, or otherwise absent status regarding that entity be removed from your files.
3. That written confirmation of this Notice be provided promptly to the address above.

Documents enclosed:

- Certificates of Live Birth (county level)
- Certificates of Live Birth (state level)
- United States Passport
- Social Security Card

Thank you for your attention to this matter.

Respectfully,

[redacted] 6.25.2025

Craig Allen: White
Signed in private capacity, without prejudice
(Living man; age of majority attained [redacted] 1983)

Enclosure: Copies of Social security card, State & County Certificates of Live Birth, Passport.

I do hereby certify this to be a true and correct copy of the original birth certificate now on file in my office.

Joseph S. Lime

JOSEPH S. LIME, REGISTRAR.

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. [redacted] Registrar's No. [redacted]

Primary Reg. Dist. No. [illegible] Birth No. 134 -

1. PLACE OF BIRTH
a. COUNTY: Cuyahoga
b. CITY, VILLAGE, OR LOCATION: Parma
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Parma Community Gen. Hospital
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES XX NO ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Ohio
b. COUNTY: Cuyahoga
c. CITY, VILLAGE, OR LOCATION: Broadview Heights
d. STREET ADDRESS: 1488 Summit Boulevard
e. IS RESIDENCE INSIDE CITY LIMITS? YES XX NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO XX

CHILD
3. NAME (TYPE OR PRINT): First Craig; Middle Allen; Last White
4. SEX: Male
5a. THIS BIRTH: SINGLE XX TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1ST ☐ 2D ☐ 3D ☐
6. DATE OF BIRTH: MONTH [redacted] DAY YEAR 1965

FATHER
7. NAME: First Andrew; Middle Ezra; Last White
8. COLOR OR RACE: White
9. AGE (At time of this birth): 38 YEARS
10. BIRTHPLACE (State or foreign country): Mount Vernon, Illinois
11a. USUAL OCCUPATION: Recreation Specialist
11b. KIND OF BUSINESS OR INDUSTRY: V.A. Hospital

MOTHER
12. MAIDEN NAME: First Judith; Middle M.; Last Bayer
13. COLOR OR RACE: White
14. AGE (At time of this birth): 28 YEARS
15. BIRTHPLACE (State or foreign country): Chicago, Illinois
16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth):
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many fetal deaths (fetuses born dead at ANY time after conception)? 0

17. INFORMANT'S NAME OR SIGNATURE: Judith B. White
18. MOTHER'S MAILING ADDRESS: 1488 Summit Boulevard, Broadview Heights, Ohio
19. DATE SEROLOGIC TEST FOR SYPHILIS: 2-1-65

I hereby certify that this child was born alive on the date stated above.

19a. SIGNATURE: [signature]
19b. ATTENDANT AT BIRTH: M. D. ☐ D. O. ☐ MIDWIFE ☐ OTHER (Specify)
19c. ADDRESS: 6681 Ridge Road Parma 29, Ohio
19d. DATE SIGNED: [redacted] 65

20. DATE RECD. AT LOCAL REG.: [redacted] 65
21. REGISTRAR'S SIGNATURE: Jos. S. Lime 2X
22. DATE ON WHICH GIVEN NAME ADDED: BY (Registrar)

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. [redacted] Registrar's No. [redacted]
Primary Reg. Dist. No. [illegible] Birth No. 134 -

MARGIN RESERVED FOR BINDING

1. PLACE OF BIRTH
a. COUNTY: Cuyahoga
b. CITY, VILLAGE, OR LOCATION: Parma
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Parma Community Gen. Hospital
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES XX NO ☐

2. USUAL RESIDENCE OF MOT[redacted]
a. STATE: Ohio
b. COU[redacted] Cuyahoga
c. CITY, VILLAGE, OR LOCATION: Broadview Heights
d. STREET ADDRESS: 1488 Summit Boulevard
e. IS RESIDENCE INSIDE CITY LIMITS? YES XX NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO XX

CHILD
3. NAME (TYPE OR PRINT): First: Craig Middle: Allen Last: White
4. SEX: Male
5a. THIS BIRTH: SINGLE XX TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1ST ☐ 2D ☐ 3D ☐
6. DATE OF BIRTH: MONTH [redacted] DAY YEAR 1965

FATHER
7. NAME: First: Andrew Middle: Ezra Last: White
8. COLOR OR RACE: White
9. AGE (At time of this birth): 38 YEARS
10. BIRTHPLACE (State or foreign country): Mount Vernon, Illinois
11a. USUAL OCCUPATION: Recreation Specialist
11b. KIND OF BUSINESS OR INDUSTRY: V.A. Hospital

MOTHER
12. MAIDEN NAME: First: Judith Middle: M. Last: Bayer
13. COLOR OR RACE: Brecksvil White
14. AGE (At time of this birth): 28 YEARS
15. BIRTHPLACE (State or foreign country): Chicago, Illinois
16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many fetal deaths (fetuses born dead at ANY time after conception)? 0

17. INFORMANT'S NAME OR SIGNATURE: Judith B. White
18. MOTHER'S MAILING ADDRESS: 1488 Summit Boulevard Broadview Heights, Ohio
19. DATE SEROLOGIC TEST FOR SYPHILIS: 2-1-65

I hereby certify that this child was born alive on the date stated above.
19a. SIGNATURE: [signature]
19c. ADDRESS: 6681 Ridge Road Parma 29, Ohio
19b. ATTENDANT AT BIRTH: M. D. ☐ D. O. ☐ MIDWIFE ☐ OTHER (Specify)
19d. DATE SIGNED: [redacted] 65

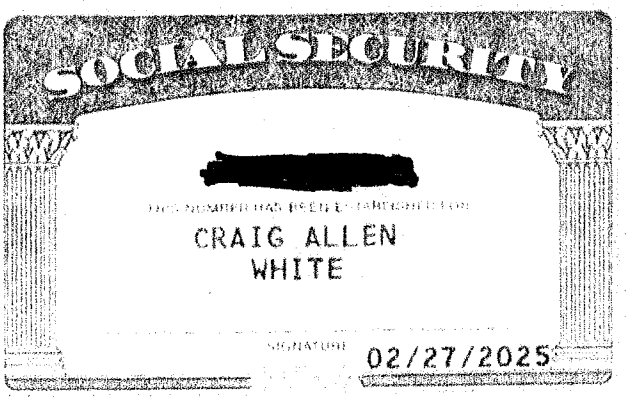
20. DATE RECD. BY LOCAL REG.: [redacted] 65
21. REGISTRAR'S SIGNATURE: [signature]
22. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY

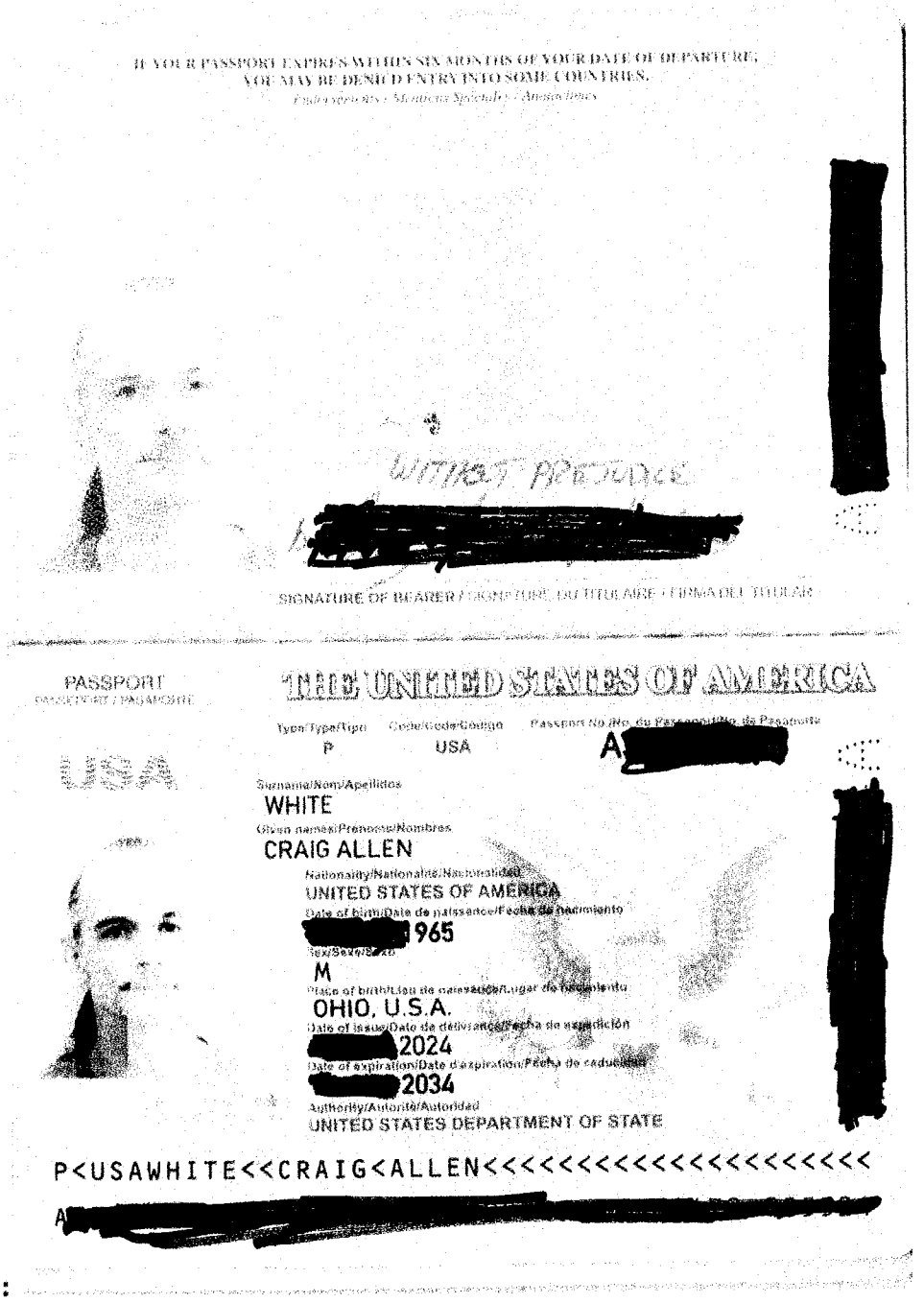
Rena M. Boler
State Registrar
JAN 24 2025
Rena M. Boler

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH

Social Security Card:



Passport:



:

Tony Joseph Hebert
[redacted], California[redacted]

Department of the Treasury
Internal Revenue Service
Kansas City, Missouri 64999-0002

June 25, 2025

Subject: Notice of Non-Decedent, Living, and Age of Majority Status

Dear Sir or Madam,

I, the living man known as **Tony-Joseph: Hebert**, submit this notice to affirm my living status, lawful standing, and age of majority. This notice rebuts any presumption that I am a decedent, absent, missing, or lost at sea under the **Cestui Que Vie Act of 1666** or any other statute or policy.

I am the original beneficiary and principal of the constructive estate or trust formed under the legal entity styled as **TONY JOSEPH HEBERT** (Social Security Number[redacted], and I hereby claim my full rights, authority, and standing in that capacity.

The **IRS Internal Revenue Manual 21.7.13.3.2.2(2)** provides:
"An infant is the decedent of an estate or the grantor, owner or trustor of a trust, guardianship, receivership, or custodianship that has yet to receive a Social Security Number."

I affirm that I have not been an infant, minor, or ward for over three-and-a-half decades. I lawfully attained the age of majority on[redacted] **1988**, in **Louisiana**, and have been of full lawful age since that date. My current domicile is **California**, which also defines the age of majority as 18 years of age or older. Relevant statutes provided below:

Louisiana Civil Code Art. 29:
"Majority is attained upon reaching the age of eighteen years."

California Family Code § 6500:
"A minor is an individual who is under 18 years of age. The period of minority is calculated from the first minute of the day on which the individual is born to the same minute of the corresponding day completing the period of minority."

California Family Code § 6501:
"An adult is an individual who is 18 years of age or older."

I lawfully attained the age of majority on[redacted] **1988**, in **Louisiana**, and since that time have been of full lawful age and competent to manage my own affairs.

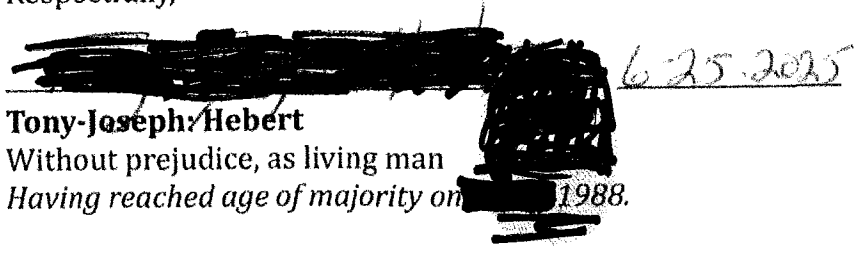
I hereby request:

1. That your records be updated to reflect my non-decedent, living, age of majority status in relation to the legal entity styled as **TONY JOSEPH HEBERT**.
2. That any and all presumptions of decedent, missing, lost, or otherwise absent status regarding that entity be removed from your files.
3. That written confirmation of this update be provided to me promptly at the address above.

Documents enclosed:

- Certificate of Live Birth (Louisiana)
- Social Security Card
- Driver License (current at time of mailing)

Thank you for your attention to this matter.
Respectfully,



Tony-Joseph: Hebert
Without prejudice, as living man
Having reached age of majority on [redacted] 1988.

Enclosure: Copy of California driver license, Social security card & Certificate of Live Birth.

STATE OF LOUISIANA
CERTIFICATION OF VITAL RECORD

10561749

STATE OF LOUISIANA

CERTIFICATE OF LIVE BIRTH

Birth No. 117 [redacted]

1A. CHILD'S LAST NAME	1B. FIRST NAME	1C. SECOND NAME	2A. DATE OF BIRTH (MONTH, DAY, YEAR)
Hebert	Tony	Joseph	[redacted] 1970

3. SEX—GIRL OR BOY?	4. THIS BIRTH	5. IF TWIN OR TRIPLET, WAS CHILD BORN	2B. HOUR OF BIRTH
Boy	Single [X] Twin [ ] Triplet [ ]	1st [ ] 2d [ ] 3d [ ]	[redacted] P.M.

6A. PLACE OF BIRTH (CITY, TOWN, OR LOCATION)	6B. PARISH OF BIRTH
Houma	Terrebonne
6C. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	**6D. IS PLACE OF BIRTH INSIDE CITY LIMITS?**
Terrebonne General Hospital	Yes [X] No [ ]

7A. USUAL RESIDENCE OF MOTHER (CITY, TOWN OR LOCATION)	7B. PARISH	7C. STATE
Montegut	Terrebonne	Louisiana
7D. STREET ADDRESS—(IF RURAL, INDICATE LOCATION)		**7E. IS RESIDENCE INSIDE CITY LIMITS?**
Rte #1 Box 145-D		Yes [ ] No [X]

8A. FULL NAME OF FATHER	8B. STATE AND CITY OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	8C. AGE (AT TIME OF THIS BIRTH)
Murphy Joseph Hebert	Louisiana	46
9A. FULL MAIDEN NAME OF MOTHER	**9B. STATE AND CITY OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)**	**9C. AGE (AT TIME OF THIS BIRTH)**
Alice Mary Trahan	Louisiana	39

I certify that the above stated information is true and correct to the best of my knowledge.	10. SIGNATURE OF PARENT OR OTHER INFORMANT ► Parent [X] Other [ ]	11. DATE OF SIGNATURE [redacted] 70

12. MOTHER'S MAILING ADDRESS: Rte #1 Box 145-D Montegut, La. 70377

I certify that I attended this birth and that the child was born alive on the date stated above.	13. SIGNATURE OF ATTENDANT ► M.D. [ ] Midwife [ ] Other [ ]	14. DATE OF SIGNATURE [redacted] 70
15. DATE ACCEPTED BY LOCAL REGISTRAR	**16. SIGNATURE OF LOCAL REGISTRAR**	**17. DATE FILED BY STATE REGISTRAR**
[redacted] 1970	►	[redacted] 1970

OCT 14 2024

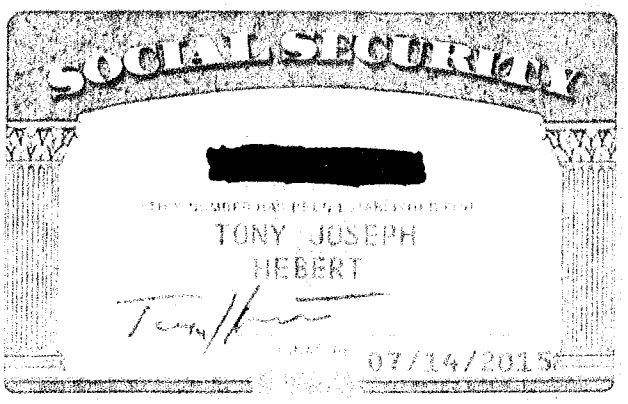
DHH-OPH LOUISIANA

10561749

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

Nadine Mims Smith

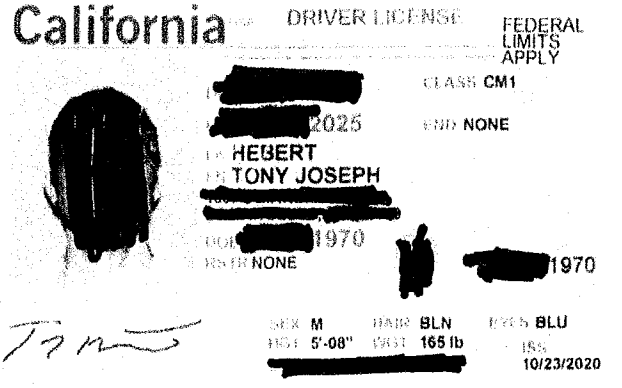
NADINE MIMS SMITH
STATE REGISTRAR


SOCIAL SECURITY

[redacted]

TONY JOSEPH
HEBERT

07/14/2015


California DRIVER LICENSE

FEDERAL LIMITS APPLY

[redacted] CLASS CM1

[redacted]2025 END NONE

LN HEBERT
FN TONY JOSEPH

[redacted]

DOB [redacted]1970

RSTR NONE

[redacted]1970

SEX M HAIR BLN EYES BLU
HGT 5'-08" WGT 165 lb ISS 10/23/2020

[redacted]